

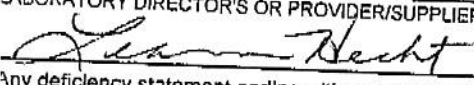
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/16/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  44E200	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED  12/14/2010
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NAME OF PROVIDER OR SUPPLIER  LAURELBROOK SANITARIUM	STREET ADDRESS, CITY, STATE, ZIP CODE 114 CAMPUS DRIVE DAYTON, TN 37321
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 018 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1½ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure corridor doors could close to a positive latch.</p> <p>The findings include:</p> <p>Observation on December 14, 2010 at 12:40 p.m. revealed the corridor door to resident room 6 failed to close to a positive latch during a fire drill procedure.</p>	K 018	<p>K018</p> <p>1) The latch on door # 6 has been fixed so door will stay closed by maintenance.</p> <p>2) All corridor doors have been checked by maintenance supervisor to see that they latch when closed and fixed as needed. No other doors found that did not latch.</p> <p>3) Maintenance Director will check all corridor doors monthly for latching.</p> <p>4) Maintenance Director will report any doors that are not working or need repair to QA Committee quarterly.</p>	12/31/10
K 144 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p>	K 144		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X8) DATE
	Asst. Administrator	1-7-11

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 144	Continued From page 1  This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to provide the emergency generator location with battery-powered emergency lighting.  The findings include:  Observation on December 14, 2010 at 11:40 a.m. revealed the emergency generator location was not provided with battery-powered emergency lighting. NFPA 101 LIFE SAFETY CODE STANDARD	K 144	K144  1) Light will be installed by Jan 6, 2011 in the generator room by electrician. 2) New light will be added to monthly check list. 3) Maintenance will report to QA Committee any issues related to Life Safety at quarterly meeting.	01/4/10
K 147 SS=D	Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2  This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure electrical wiring is installed in accordance with NFPA 70.  The findings include:  Observation on December 14, 2010 at 11:15 a.m. revealed one (1) electrical extension cord in use in patient room 22.  Observation on December 14, 2010 at 11:20 a.m.	K 147	K147  1. Extension chord found in room 22 has been removed by maintenance supervisor. Covers have been replaced on electrical junction boxes (2) above ceiling near nurse. storage room. 2. Maintenance Director has checked all areas for any other boxes that do not have covers and replaced them. 3. In-serviced maintenance personnel on proper procedures when working on junction boxes to include replacing covers when done.	12/31/10

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K 147	Continued From page 2 revealed two (2) electrical junction boxes installed above the ceiling near nurse storage room with exposed wiring and no protective covers.	K 147	4. Maintenance director will monitor all areas of facility for open junction boxes and non-approved electrical extension chords on a monthly basis and report findings at quarterly QA Meeting.	

*RA*